

PATENT
450100-03272**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Kazuhiko TERASHIMA et al.
Serial No. : 09/875,306
For : **SYNCHRONICITY DETECTION DEVICE**
Filed : June 5, 2001
Examiner : K. Tran
Art Unit : 2631

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May 10, 2006

Date of Signature**AMENDMENT UNDER RULE 116**

Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action which issued February 23, 2006, please consider the
following amendment to the above-referenced application.

MAY 08 2006

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner

Firm: U.S. Patent and Trademark Office
Art Unit

Facsimile: (571) 273-8300

From: William S. Frommer

Date: May 8, 2006

Re: FLH Ref No.: 450100-03272
Serial No: 09/875,306

Number of Pages: 9
(including cover page)

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MAIL STOP AMENDMENT
 COMMISSIONER FOR PATENTS
 Alexandria, VA 22313-1450
 Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	4	Minus	20 =	0 x	\$50(25)	= \$0
Independent claims	1	Minus	3 =	0 x	\$200(100)	= \$0
				Total additional fee for this amendment		= \$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360 (\$180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims and ___ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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FROMMER LAWRENCE & HAUG, LLP
 Attorneys for Applicant(s)

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Shabane Arjune
 Type or print name of
 person signing certification
Shabane Arjune
 Signature
 May 8, 2006
 Date of Signature

By: William S. Frommer
 Reg. No. 29,508
 Tel. (212) 588-0800

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Shabana ArjuneType or print name of
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